



Absentee Shawnee Tribe of Oklahoma  
2025 S. Gordon Cooper Dr.  
Shawnee, Oklahoma 74801  
405) 275-4030  
1-800-256-3341



## APPLICATION FOR ENROLLMENT

(ALL INFORMATION MUST BE COMPLETED BEFORE APPLICATION IS VALID)

Applicant's Full Name: \_\_\_\_\_  
Last First Middle Maiden

Mailing Address: \_\_\_\_\_  
Street Address Apt. # P.O. Box  
\_\_\_\_\_  
City State Zip Code ( ) Phone Number

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Ancestors on 1937 Base Roll whom enrollment rights are claimed on: \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Applicant Roll No. and / or D.O.B.

Are you enrolled with another Tribe? ☐ YES ☐ NO  
If so, what Tribe are you enrolled with: \_\_\_\_\_

Have you received any land or monies from another Tribe as per Section III, Item Q,  
of the Absentee Shawnee Membership Ordinance? ☐ YES ☐ NO

a. The applicant must provide verifiable, stamped or sealed documentation as to whether he/she  
has or has not received any land or monies from other tribe(s), from previous enrollment(s). (Must  
include names, dates, amounts and sources)

Is either of your parents enrolled as a member of another Tribe? ☐ YES ☐ NO  
If yes, which parent and what Tribe: \_\_\_\_\_

Is applicant, an Adopted Child? ☐ YES ☐ NO

Has applicant ever filed an application with the Absentee Shawnee Tribe?  
If so, provide dates: \_\_\_\_\_ ☐ YES ☐ NO

Is applicant a Relinquished Tribal Member? ☐ YES ☐ NO  
If so, provide date of Relinquishment & Tribe: \_\_\_\_\_

**APPLICANT'S RELATIVES ON FATHER'S SIDE**

**PATERNAL**

Father: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

Grandmother: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

Grandfather: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

G-Grandmother: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

G-Grandfather: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

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**APPLICANT'S RELATIVES ON MOTHER'S SIDE**

**MATERNAL**

Mother: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

Grandmother: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

Grandfather: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

G-Grandmother: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

G-Grandfather: \_\_\_\_\_ DOB or CDIB#: \_\_\_\_\_

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**APPLICANT'S IMMEDIATE FAMILY**

Brother: \_\_\_\_\_ Sister: \_\_\_\_\_

Brother: \_\_\_\_\_ Sister: \_\_\_\_\_

Brother: \_\_\_\_\_ Sister: \_\_\_\_\_

Children: \_\_\_\_\_ Children: \_\_\_\_\_

Children: \_\_\_\_\_ Children: \_\_\_\_\_

Children: \_\_\_\_\_ Children: \_\_\_\_\_

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**CERTIFICATION**

It is criminal offense under Tribal Law to present false or fraudulent information for Enrollment purposes. I, hereby certify that the information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Relationship to Applicant Date